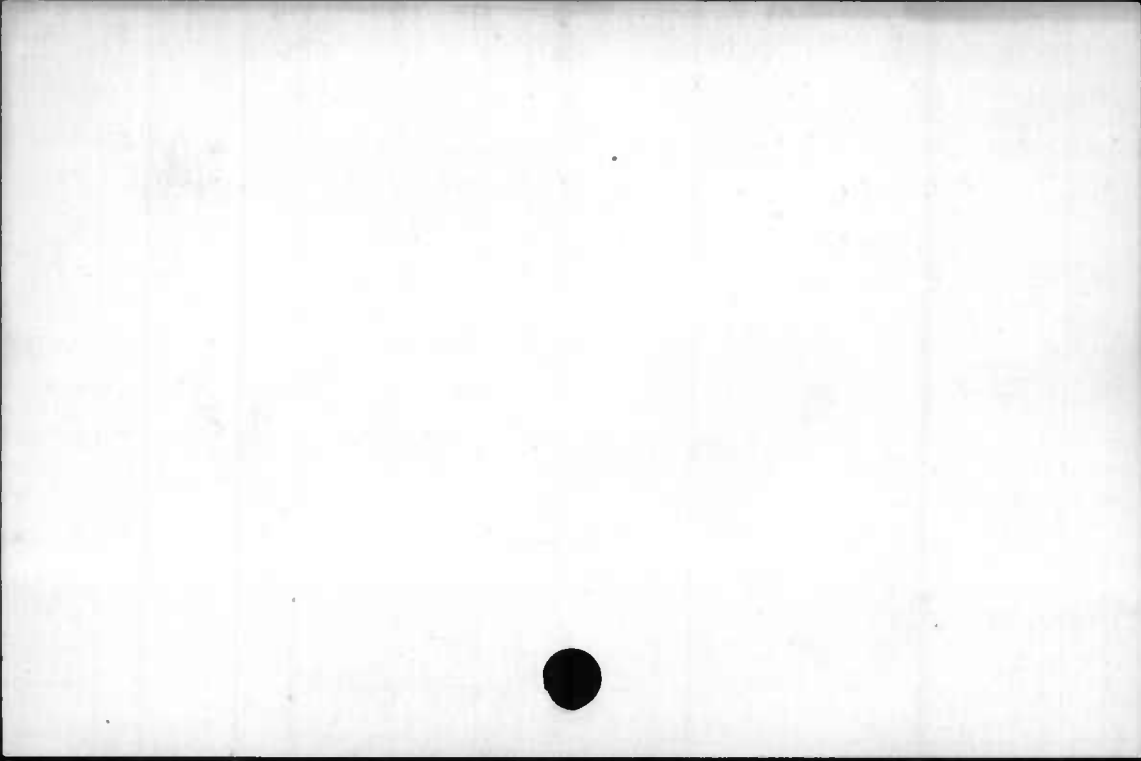


Name in Full		Thomas Ashley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Millington		County Kent		MARYLAND	
	Date of death	1906	Month Oct	Day 12	Age Years 77	Months	Days
	Sex	male		Color or Race	Colored		
	Occupation	Laborer			Birthplace	Md.	
	Where Residing if not at place of death						
	Married, Single or Widowed	married		Name of Wife or Husband	Melinda Hensley		
	Father's Name	David Ashley				Father's Birthplace	Md.
PHYSICIAN OR CORONER	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
	CAUSES OF DEATH						
	Primary	Paralysis				How long	
Immediate	Bronchitis				How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				R. M. Jeter		
	Address				Millington, Md.		
	Accident or Suicide?				No to Town and P. acty of coroner		



Name  
in  
Full

Henry Blackston Ball

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Kennedyville		County Kent Co		MARYLAND	
Date of death		Month 1906	Day Dec	Age	Years 19	Months 10	Days —
Sex male		Color or Race white		Birth- place Ky S.			
Occupation clerk				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Christopher C Ball				Fether's Birthplace U.S.			
Mother's Meiden Name Lenor T Willey				Mother's Birthplace U.S.			
Neme of person giving In formation Mr Ball				How related to deceased father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	typhoid fever	How long	30 days
Immediate	Hypostatic congestion of lungs	How long	5 days
Are the name, age, sex, color, date end place correctly given above?		Signature of Physician E. Louis Barwick	
yes		Address Kennedyville Md	
Accident or Suicide?			

Princess Anne.

Name in Full		Daniel Baynard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Galena		Kent		MARYLAND	
	Date of death	1906	Dec	27	Age	70	Months - Days -
	Sex	Male		Color or Race	Black		Birthplace
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband		Susan Baynard	
	Father's Name	-				Father's Birthplace	
	Mother's Maiden Name	-				Mother's Birthplace	
	Name of person giving information	Frank Baynard				How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Apoplexy				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				Henry Pass, acting Coroner Galena, Md			



Name  
In  
Full

Baby Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Hent</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>30</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>U. S.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Perry Brown</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Mary Brown</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Perry Brown.</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart failure.</u>	How long	<u>a few hours.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>W. S. Maxwell.</u>	
		Address <u>Still Pond. Md.</u>	
Accident or Suicide?			

Coleman

20 20

Name  
in  
Full

Wilford Chambers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Georgetown* Town*West* CountyDate  
of death *1906*Month  
*Dec*Day  
*26*

Age

Years  
*94*Months  
*9*

Days

Sex  
Occupation*Male*  
*Farmer*Color or  
Race*African*Birth-  
place*Ind*Where Residing if not  
at place of deathMarried, Single  
or Widowed*M.*Name of Wife or  
Husband*Hester A. Freeman*Father's  
Name*—*Father's  
BirthplaceMother's  
Maiden Name*Sarah Chambers*Mother's  
Birthplace*Ind.*Name of person giving  
information*Hester A. Freeman*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Pneumonia - Bronchitis*

How long

*2 mo*

Immediate

*Senile Atrophy*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Frank K. Smith*

Address

*Frederick*

Accident or Suicide?

*—*

Georgetown

Name  
in  
Full

Julia A Clark

## CERTIFICATE OF DEATH

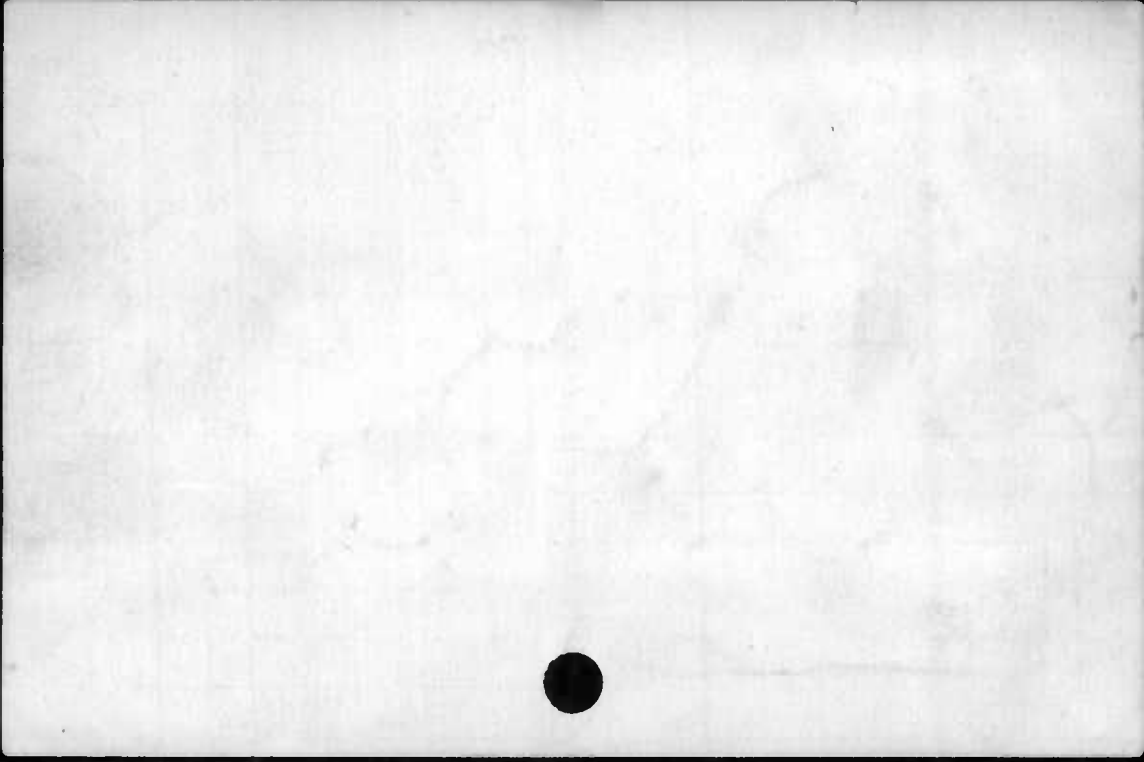
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pomona		County Kent		MARYLAND	
Date of death	1906	Month Dec	Day 17	Age Years	70	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation			Home		Where Residing if not at place of death		
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		John Anderson				Father's Birthplace	
Mother's Maiden Name		Julia Green				Mother's Birthplace	
Name of person giving In formation		Mrs O. B. Anthony				How related to deceased	
						Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cirrhosis of liver	How long	1 1/2 yrs
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. E. Lumsden	
Address		Chestertown	
Accident or Suicide?		No	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Kennedyville</i>		Town <i>Kennedyville</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>26</i>	Age <i>85</i>	Years <i>85</i>	Months <i>11</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>near Kennedyville Md</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Josiah Copper</i>					
Father's Name <i>Mr Perkins</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Woodall</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mr J R Copper</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

Primary <i>General debility of old age</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G L Barwick</i>
	Address <i>Kennedyville Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Ozette Kil Henry Hagen

MARYLAND

Died at. <sup>Town</sup> near Belchertown<sup>County</sup> NantuxDate  
of death 1906

Month

Dec.

Day

12

Age

Years

68

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ind

Occupation

Farmer.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

M

Name of Wife or  
Husband

Sarah C. Hagen

Father's  
Name

Thomas Hagen

Father's  
Birthplace

Ind

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Richard Hagen

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

(3rd Stroke) Paralysis Left Side

How long

20 days

Immediate

Emphysema

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Frank C. Lumbard

Address

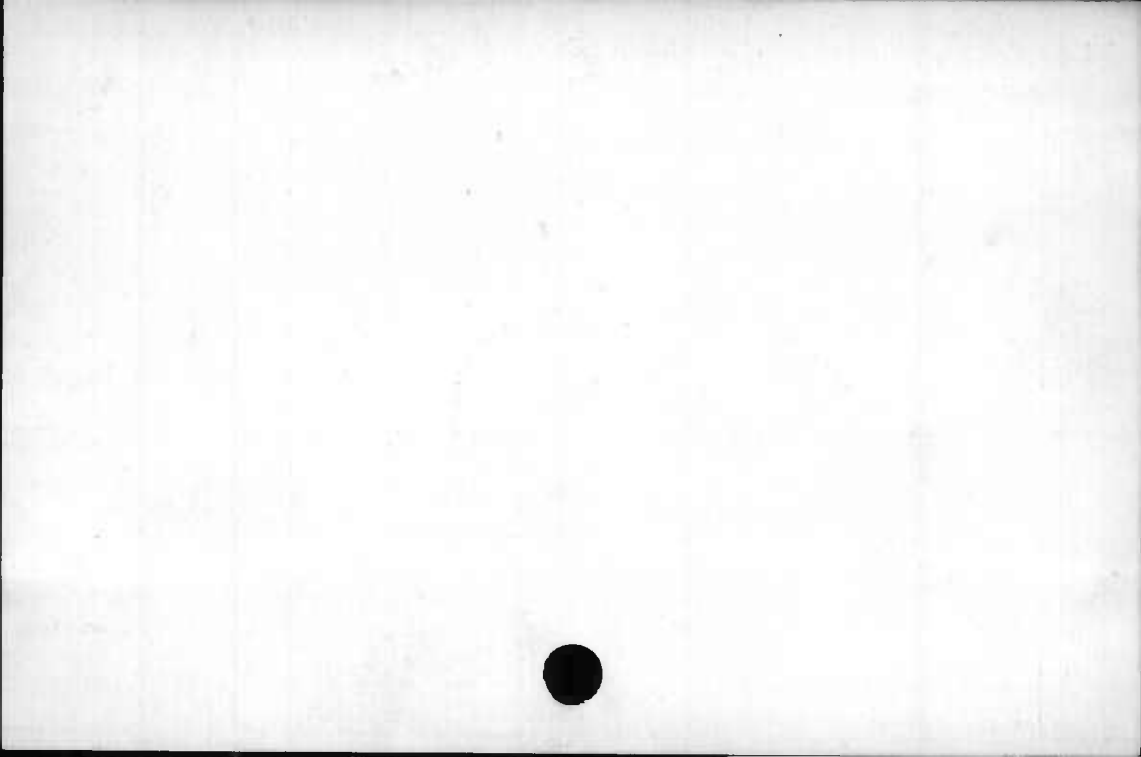
Barker

Ind

Accident or Suicide?

yes

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

George Heisle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Quaker Neck wlf.* <sup>County</sup> *Kent*

Date of death *1906 Dec. 13* Age *50* Months *2* Days *12*

Sex *male* Color or Race *white* Birth-place *Baltimore*

Occupation *General Laborer* Where Residing if not at place of death *#202 Barney St. Balto.*

Married, *Yes* Name of Wife or Husband *Mrs. Belle Heisle*

Father's Name *Chas. Heisle* Father's Birthplace *Balto.*

Mother's Maiden Name *not known* Mother's Birthplace *Balto.*

Name of person giving information *Mrs. Belle Heisle* How related to deceased *wife*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *about 21 months*

Immediate *Acute nephritis* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank B. Heisle*

Address *Chestertown Md.*

Accident or Suicide? *No*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Chas. H. Hesser* Town *George Town* County *Kent*

Died at *George Town*

Date of death *1906* Month *12* Day *4* Age *Nine* Years Months *6* Days *-*

Sex *male* Color or Race *White* Birth-place *Kent Co Md.*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *-* Name of Wife or Husband

Father's Name *Benj. Hesser* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Fithian* Mother's Birthplace *Stamford Md.*

Name of person giving information *Benj. Hesser* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chicken Pox* How long *two weeks*

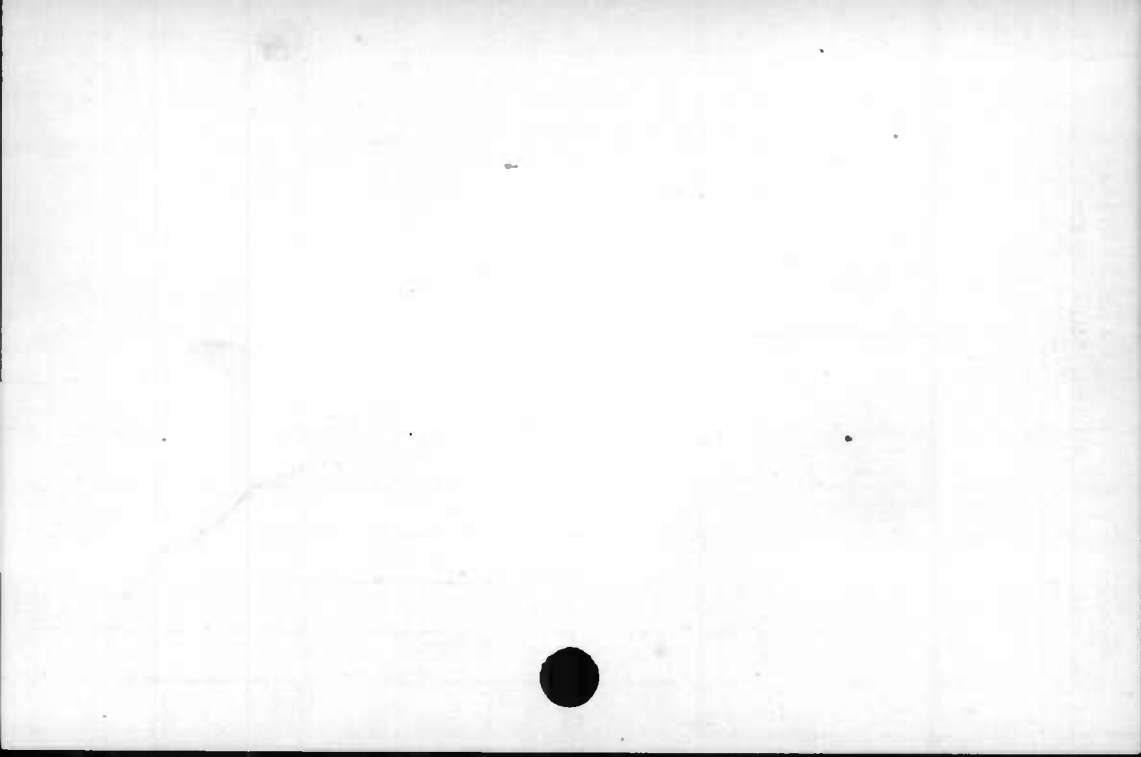
Immediate *Acute Nephritis* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. W. Latimer M.D.*

Address *Galena Md.*

Accident or Suicide?



### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>20. weeks</i>		Town <i>8</i>		County <i>Kent.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Nov.</i>		Day <i>21</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		Months <i>—</i>	
Occupation <i>Farm hand</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Perry Hodgers</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Marah Reed</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>Harmon Hodgers</i>		How related to deceased <i>Brother</i>					

### CAUSES OF DEATH

120

Primary	How long
Bonfisi Bright's disease	6 years

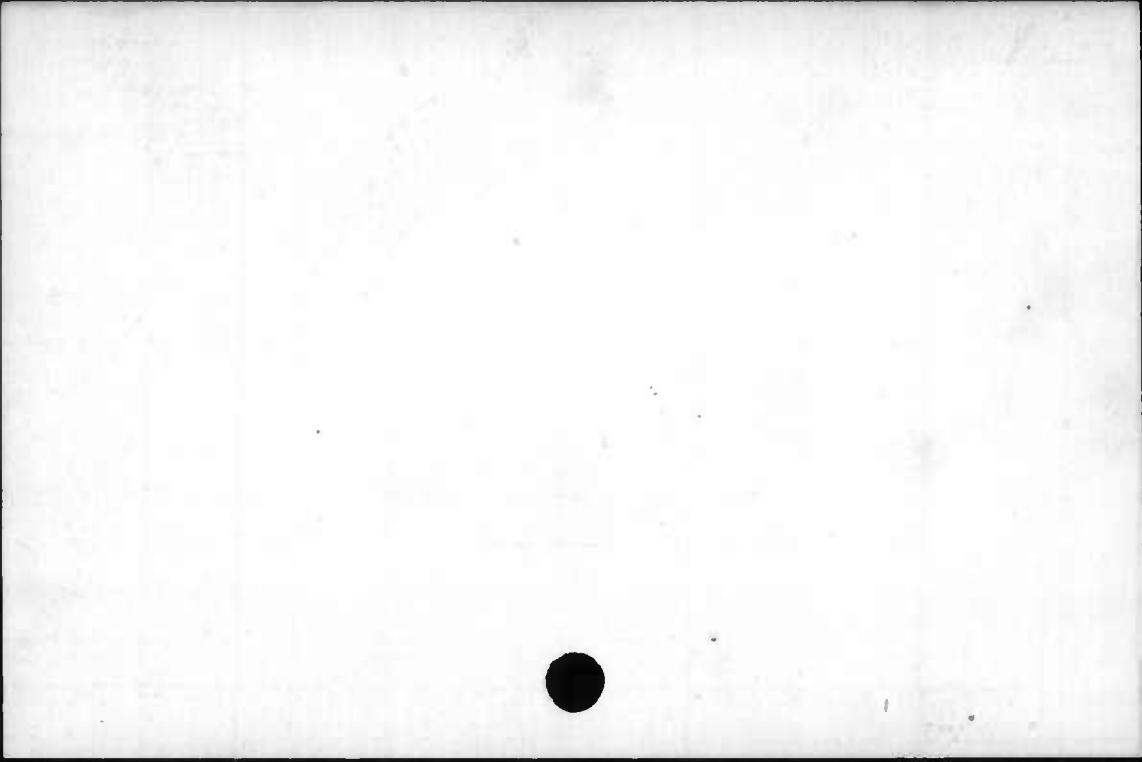
Immediate *Return*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

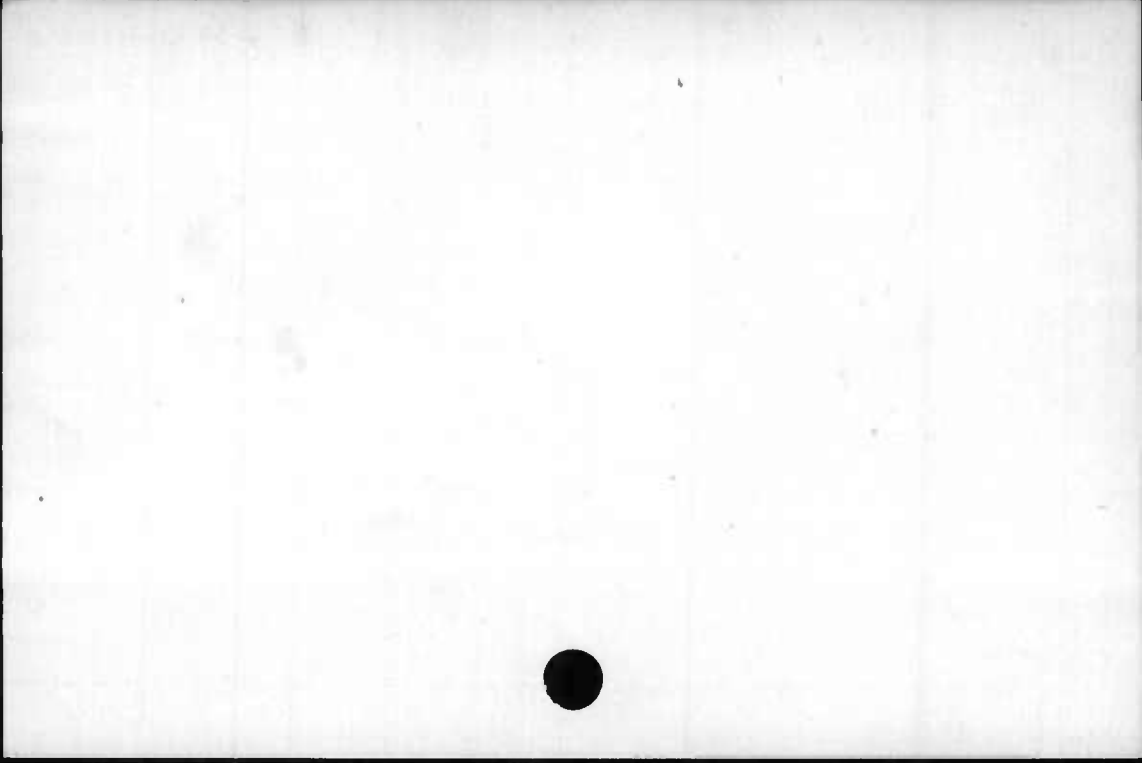
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Washington</i>		County <i>Essex</i>		MARYLAND	
Date of death	1906	Month	12	Day	10	Years	Age 20
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Kent Co</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>J H Sorenson</i>					Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>J E R Holden</i>					Mother's Birthplace	<i>Kent Co</i>
Name of person giving information						How related to deceased	

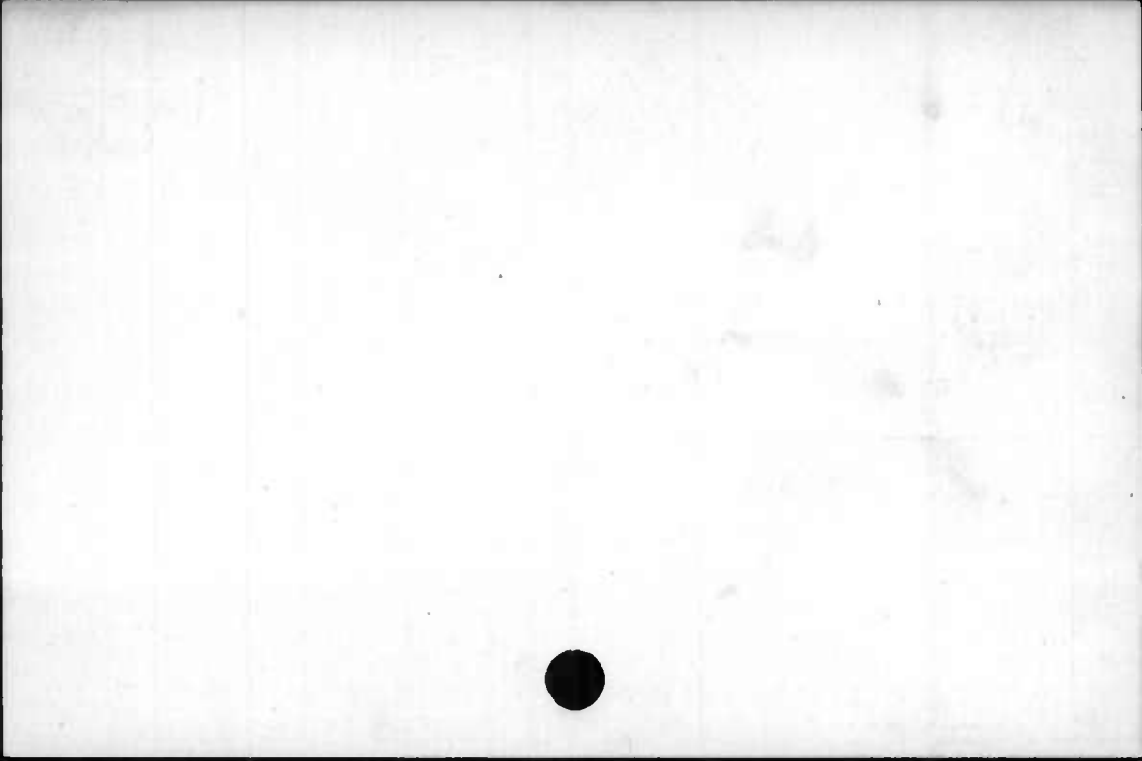
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inheren tasis</i>		How long	<i>Year</i>
Immediate	<i>11</i>		How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. C. Conroy</i>
			Address	<i>Washington</i>
Accident or Suicide?				<i>Tom</i>



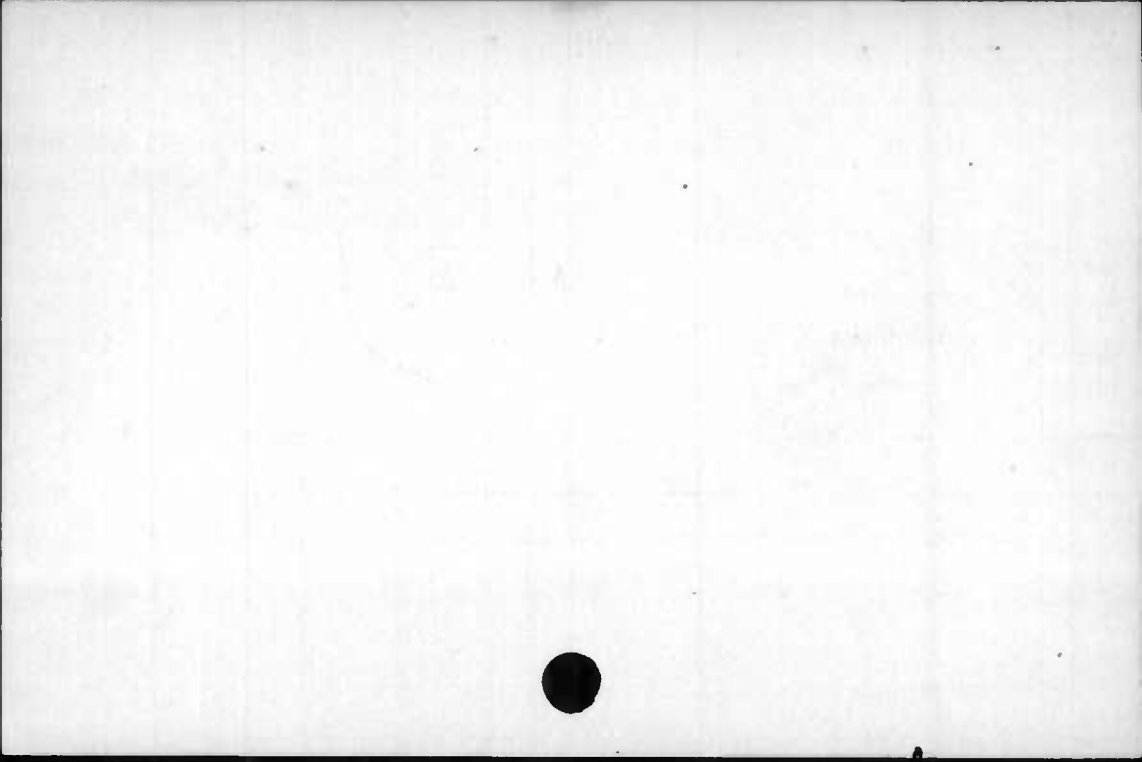
Name in Full		John Jeffers				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Rock Hall	County Kent	MARYLAND				
		Date of death		1906	Month Dec	Day 9	Age 72	Months —	Days —	
		Sex		Male		Color or Race	White		Birth-place	Harford Co. Md
		Occupation		Labourer		Where Residing if not at place of death				
		Married, Single or Widowed		Married		Name of Wife or Husband Mary E Steinburg				
Father's Name		Benjamin Jeffers				Father's Birthplace		Maryland		
Mother's Maiden Name		Henrietta Rock				Mother's Birthplace		Maryland		
Name of person giving information		Sarah Casey				How related to deceased		Sister		
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Gastro-Intestinal Catarrh				How long	6 Months	
		Immediate		Ephemeric				How long	3 days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. H. Pease M.D.		
						Address		Rock Hall Md		
		Accident or Suicide?								



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Melilot</i>		County <i>Kent</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>28</i>	Years <i>52</i>	Months <i>7</i> Days <i>13</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co</i>	
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Melilot</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. H. Kelley</i>			
	Father's Name <i>Dan J. J. Kelley</i>	Father's Birthplace <i>Kent Co</i>			
	Mother's Maiden Name <i>Sarah Coleman</i>	Mother's Birthplace <i>Balco</i>			
	Name of person giving information <i>J. H. Kelley</i>		How related to deceased <i>Husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Uterine Cancer</i>		How long	<i>Don't know</i>
	Immediate	<i>General Cancer of Pelvic floor</i>		How long	<i>Don't know</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>	
				Address <i>Chatham town Md</i>	
	Accident or Suicide?		<i>No</i>		

Still Pond

Name in Full		Town				County		CERTIFICATE OF DEATH	
Mary Buckley Kilbourn		Edesville				Kent		MARYLAND	
Died at		Date of death		Month		Day		Age	
		1906		Dec		31		62	
								Years	
								Months	
								Days	
								4	
								7	
Sex		Color or Race		Birth-place					
Female		white		Kent & Md					
Occupation		Where Residing if not at place of death							
Housewife		Edesville Md							
Married, Single or Widowed		Name of Wife or Husband							
Widow		Frances Kilbourn							
Father's Name		Father's Birthplace							
John Victor		Kent & Md							
Mother's Maiden Name		Mother's Birthplace							
Mary Buckley		Baltimore							
Name of person giving information		How related to deceased							
John V Kilbourn									
CAUSES OF DEATH									
Primary		How long							
Asthma - Pleurisy		Several yrs							
Immediate		How long							
Pneumonia		2 M -							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Dr. Frank H. Jones							
		Address							
		Chestertown							
		Md							
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Robert Steinball</i>		Town <i>Neashton</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>12</i>		Years <i>79</i>	
Date of death		<i>1906</i>		Age <i>79</i>		Months <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>U. S.</i>		Days <i>—</i>	
Occupation <i>retired</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>H. P. Jewell</i>				How related to deceased <i>nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Pneumonia</i>	How long <i>5</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Emmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No.</i>	

Still Road.

Name  
in  
Full

## CERTIFICATE OF DEATH

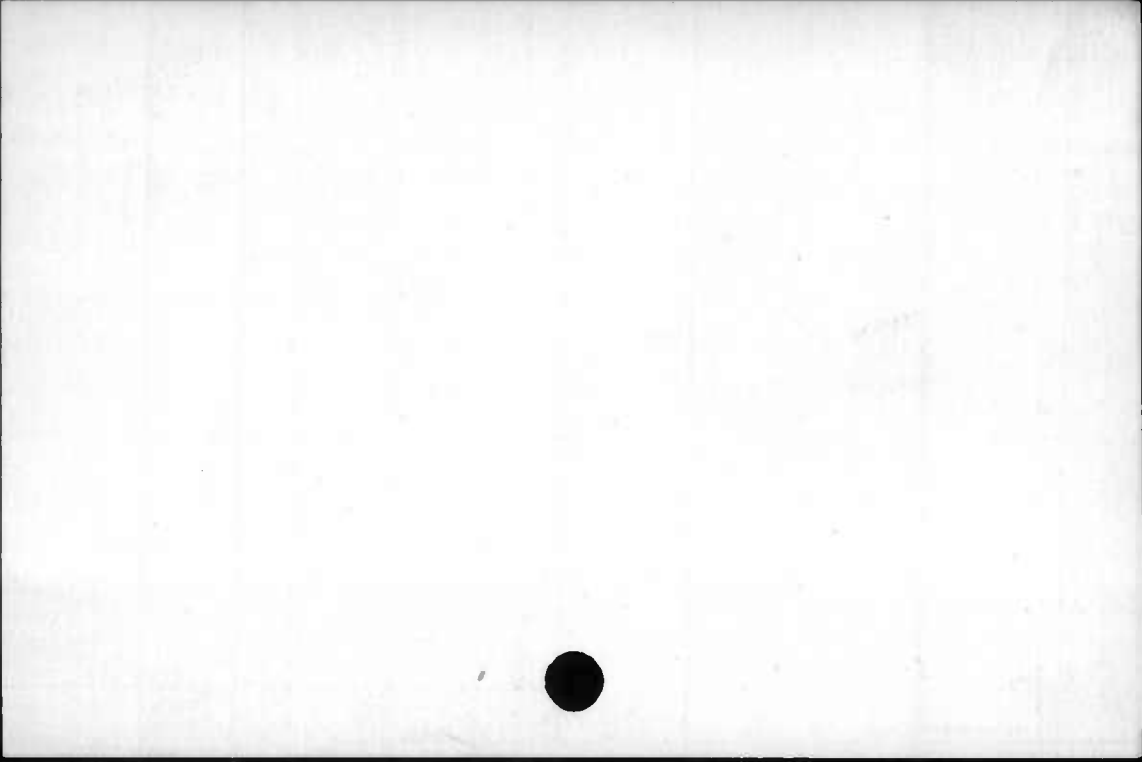
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Dec.</i> Day <i>24</i> Age <i>75</i> Years		Months <i>11</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co. Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Jane Rebecca Barron</i>			
Father's Name <i>Edward Pennington</i>		Father's Birthplace <i>Cecil Co. Md.</i>			
Mother's Maiden Name <i>Jane Meloy Pennington</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Jennie J. Cobbage</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>4 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter O. Kelly, M.D.</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

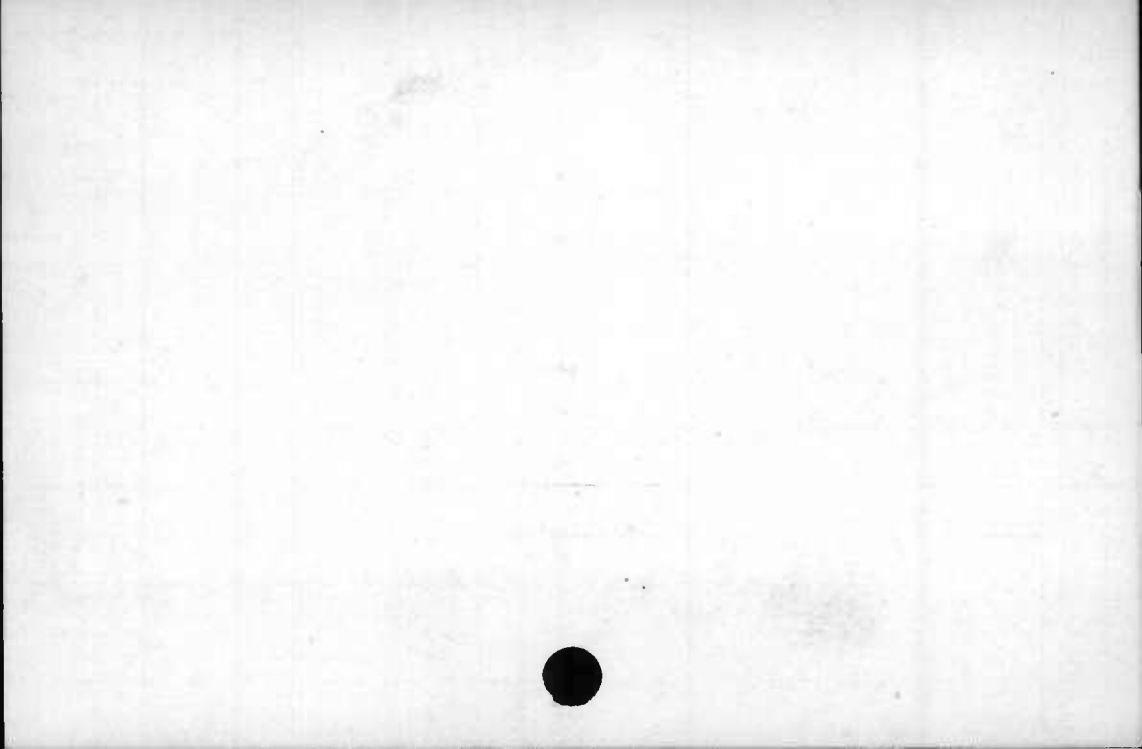
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Galena</i>		County <i>Kent</i>		MARYLAND	
Date of death		1906	Month <i>Dec.</i>	Day <i>26</i>	Age <i>about 80</i>	Months	Days
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co., Ind.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>do not know</i>				Father's Birthplace			
Mother's Maiden Name <i>do not know</i>				Mother's Birthplace			
Name of person giving information <i>Joseph Blake</i>				How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Brain clot</i>	How long	<i>10 days</i>
Immediate	<i>Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Galena, Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(Baby) Sewall

Town Died at Near Millington

County Kent

MARYLAND

Date of death 1906 Dec

Day 6th

Age

Years

Stillborn

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Kent Co. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Baby

Name of Wife or Husband

Father's Name

Manuel Harris

Father's Birthplace

Kent Co. Md

Mother's Maiden Name

Lizzie Sewall

Mother's Birthplace

Kent Co. Md

Name of person giving information

Lizzie Sewall

How related to deceased

Mother

CAUSES OF DEATH

Primary

Still birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. P. Towne MD

Millington Md

Accident or Suicide?

undertaker Samuel Harris

Name in Full

Certificate of Death

Shimm -

Died at Cliffers Ant County MARYLAND  
 Date 1906 Dec 12 1906 Dec 12 1906 Dec 12 1906 Dec 12  
 Male White Married Widow Divorced Occupation  
 Female Colored Single Widower Number of children living

Husband  
 of

Father's Name B. Frank Shimm Mother's Name Sarah R. Shimm

Cause of Death { Primary Compression of Brain How long sick one day  
 Immediate injuries incident to forceful delivery Accident, Suicide, Homicide

Reported by Harry L. Dancy, M.D.

Address Chester town, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEEDE



Name in Full		Bessie Spencer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <del>at</del> near <u>Salina</u>		Town <u>Kent</u>		County		MARYLAND
	Date of death <u>1906</u>		Month <u>Dec</u>	Day <u>6</u>	Age <u>2</u>	Years <u>2</u>	
	Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Kent Co., Md.</u>		
	Occupation <u>                    </u>		Where Residing if not at place of death <u>                    </u>				
	Married, Single or Widowed <u>                    </u>		Name of Wife or Husband <u>                    </u>				
PHYSICIAN OR CORONER	Father's Name <u>John Spencer</u>		Father's Birthplace <u>Kent Co. Md</u>				
	Mother's Maiden Name <u>Emma Blackstone</u>		Mother's Birthplace <u>Kent Co. Md</u>				
	Name of person giving information <u>John Spencer</u>		How related to deceased <u>Father</u>				
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<u>Pneumonia</u> <u>93</u>		How long		
	Immediate				How long <u>24 hr</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Edmond A. Scott.</u>		Address <u>Salina, Md.</u>		
	Accident or Suicide? <u>                    </u>						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Wright -

Town

County

Died at

Black

Kent

MARYLAND

Date

of death 1906

Month

Dec

Day

13

Years

Age 10 -

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Kent Co Md

Occupation

Where Residing if not  
at place of death

Kent Co Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

George Wright

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Mary Starling

Mother's  
Birthplace

Kent Co Md

Name of person giving  
in formation

Mary Wright

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Peritonitis Abscess

How long

one week

Immediate

Hemorrhage - exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S L Barwick

Address

Thunburyville  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

